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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		2	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/815,479 03/31/2004				Hiroshi Itoh 1232-5360			8559	
TITLE OF INVENTION: 0	OPTHALMOLOGIC I	MAGE	PICKUP SYSTE	M				
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	S0	·····	\$1810	02/13/2009
EXAMIN	EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
PINKNEY, DAWAYNE		2873		351-206000	,			
1. Change of correspondens	ce address or indication	of "F	ee Address" (37	2. For printing on the	natent front page, lis	it		n & Finnegan, LL
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Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number Is required.	or more recent) attach	ed. Use	e of a Customer	listed, no name will be	printed.	no nam	ie is 3	
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a. Applicant claims S				a b. Applicant is no lor				FR 1.27(g)(2).
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